

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3						
4			2			
5						
6						
7						
8			4			
9						
10			4			
11			4			
12			4			
13			4			
14			4			
15			4			
16			0			
17			0			
18			0			
19						
20			1			
21						
22			2			
23						
24						
25			1			
26						
27			4			
28			4			
29			4			
30			4			
31			4			
32			4			
33			4			
34			0			
35			0			
36			0			
37			0			
38			0			
39			1			
40						
41			2			
42			2			
43			2			
44			2			
45						
46			1			
47						
48			0			
49			2			
50			2			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					4	
52					4	
53					4	
54					4	
55					4	
56					4	
57					4	
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					16	
TOTAL DEP.					116	
TOTAL CLAIMS					132	